PRINTED: 09/09/2009 FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	PLE CONSTRUCTION	COMPLET	(X3) DATE SURVEY COMPLETED	
		NVS647HOS	NVS647HOS				C 08/12/2009	
,				RESS, CITY, STA	TE, ZIP CODE	!		
I HADMON MEDICAL AND DEHARILITATION HOSDITAL I				T HARMON AVENUE AS, NV 89119				
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENC' REGULATORY OR I		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	(X5) COMPLETE DATE			
S 000	Initial Comments			S 000				
	This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 08/11/09 and finalized on 08/12/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.							
	Complaint #NV00022662 was substantiated with deficiencies cited. (See Tags S 105 and S 298) Complaint #NV00022416 was substantiated with deficiencies cited. (See Tags S 105 and S 298)							
	Complaint #NV00022464 was unsubstantiated.							
	A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.							
	by the Health Division prohibiting any crimin actions or other claim	clusions of any investign shall not be construed all or civil investigations is for relief that may be under applicable feder	d as s,					
S 105 SS=E	S 105 NAC 449.322 Housekeeping Services			S 105				
	maintained to provide	es planned, operated a e a pleasant, safe and			f this statement of deficiencies			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 09/09/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS647HOS 08/12/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2170 EAST HARMON AVENUE HARMON MEDICAL AND REHABILITATION HOSPITAL LAS VEGAS, NV 89119 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 105 S 105 Continued From page 1 sanitary environment. Adequate personnel, using accepted practices and procedures, shall keep the hospital free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards. This Regulation is not met as evidenced by: Based on observation, interview, and record review the facility failed to keep hospital patient rooms, bathrooms and storage areas clean and sanitary and free from offensive odors, accumulation of dirt, rubbish, dust and safety hazards as follows: 1. In four patient bathrooms the soap dispensers were missing from the walls. 2. In six patient bathrooms rooms the shower heads were disconnected from the shower wall. 3. In three patient bathrooms the shower drains were missing causing a safety hazard. 4. In six patient bathrooms the base boards were peeling away from the walls and dry wall was water damaged, discolored and falling off the walls under the sinks. 5. In twelve patient rooms and bathrooms there was an accumulation of dirt, rubbish, and dust on the floors.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

6. In three patient bathrooms there was urine, blood and feces stains on the floor, toilets and a

7. In the linen storage room behind two washers there was a large amount of trash and rubbish floating in a pool of stagnant water. The sink was backed up with stagnant water. The faucet was

leaking with a steady stream of water.

shower chair.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS647HOS		(X2) MULTIP	ELE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C			
				B. WING		1	08/12/2009		
NAME OF PROVIDER OR SUPPLIER STREE HAPMON MEDICAL AND REHABILITATION HOSPITAL 2170				ADDRESS, CITY, STATE, ZIP CODE AST HARMON AVENUE GAS, NV 89119					
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)					
S 105	Continued From page 2			S 105					
	8. The floor of the janitors closet on the 100 hall was covered with gray dirt and trash. The base boards were separated from the wall. The dry wall was discolored and bubbled from water damage. Severity: 2 Scope: 3								
S 106 SS=D	S 106 SS=D 2. Suitable equipment and supplies must be provided for cleaning all surfaces. The equipment must be maintained in a safe, sanitary condition. Storage areas, attics and cellars must be kept safe and free from accumulations of extraneous materials such as refuse, discarded furniture and equipment, and old newspapers. Combustibles such as cleaning rags and compounds and hazardous substances must be labeled properly and stored in safe places. Paper towels, tissues and similar supplies must be stored in a manner to prevent their contamination before use. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure a storage room used to store cleaning supplies was kept clean and sanitary and free from dirt, rubbish and safety hazards. 1. The floor of the janitors closet on the 100 hall was covered with gray dirt, trash and spilled cleaning liquids. The base boards were separated from the wall. The dry wall was discolored and bubbled from water damage.			S 106					
	Severity: 2 Scope:	_							
S 298 SS=D	NAC 449.361 Nursin	g Service		S 298					

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